DECLARATION; EXHIBIT(S); SUMMONS

IN THE DISTRICT COURT OF THE THIRD CIRCUIT DIVISION	
STATE OF HAWAI'I	
Plaintiff(s)	Reserved for Court Use
	Civil No.
	CIVII IVO.
	Plaintiff(s)/Plaintiff(s)' Attorney (Name, Attorney Number, Firm Name (if applicable), Address, Telephone and Facsimile Numbers)
Defendant(s) Street Address, City, State ("the property"):	
COMPLAINT	
Defendant(s) are month-to-month tenant(s). 6. Defendant(s) has broken the rental agreement because: ☐ Unpaid rent \$	personal guarantor under the rental agreement of the property. written rental agreement for the property (and any amendments to the al agreement. accurate copy of the written rental agreement is attached as Exhibit 1.
of the written notice is attached as Exhibit 2. 8. Despite the notice, Defendant(s) has failed to correct this situation an	
1	(continued on reverse side)

COMPASP.2X (Amended 4/18/97)v

SEE REVERSE SIDE

I certify that this is a full, true, and correct copy of the original on file in this office.

Clerk, District Court of the above Circuit, State of Hawai'i

COMPLAINT (continued)	
9. As of	, 199, Defendant(s) owed
Plaintiff(s) \$	for:
☐ Rent itemized as follows: _	
☐ Other:	
Plaintiff(s) is asking the Court for	r the following:
A. A judgment giving Plaintiff(s) p	possession of the property.
B. A Writ of Possession directing	the Sheriff or Police Officer to:
2. Remove from the property3. Put Plaintiff(s) in possessio	the property and all persons possessing the property through Defendant(s); all personal belongings of Defendant(s) and of any other person; and of the property. for \$ any rent and other charges owed under the rental agreement, additional damages, court costs, interest, and
	Signature of Plaintiff(s)/Plaintiff(s)' Attorney:
Date:	Print/Type Name:
	DECLARATION
	ow the contents and verify that the statements are true to my personal knowledge and belief. I DECLARE TRY UNDER THE LAWS OF THE STATE OF HAWAI'I THAT THE ABOVE IS TRUE AND
	Signature of Declarant:
Date:	Print/Type Name:
	Ins with Disabilities Act if you require an accommodation for your disability, please contact the ffice at PHONE NO. 961-7470, FAX 961-7447, or TTY 961-7525 at least ten (10) working days opointment date.